Case 21-10076-amc Doc Filed 04/18/23 Er	<u>itered</u> 04/18/23 14:40:42 Desc Main
Fill in this information to identify the case: Document Page	e 1 of 5
Debtor 1DANIEL G THOMFORDE	
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF PENNSY</u> LVANIA Case number 21-10076	
Case Hullibor =	
Official Form 410S1	
Notice of Mortgage Payment Cha	10/45
If the debtor's plan provides for payment of postpetition contractual installr debtor's principal residence, you must use this form to give notice of any class a supplement to your proof of claim at least 21 days before the new payment to your proof of claim at least 21 days before the new payment.	hanges in the installment payment amount. File this form
Name of creditor: Truist Bank	Court claim no. (if known): 7
Last 4 digits of any number you use to identify the debtor's account: 5 9 6 1	Date of payment change: Must be at least 21 days after date of this notice 05/07/2023
	New total payment: \$\frac{1159.36}{2}\$
Part 1: Escrow Account Payment Adjustment	
Will there be a change in the debtor's escrow account payment	?
☑ No	
Yes. Attach a copy of the escrow account statement prepared in a form the basis for the change. If a statement is not attached, explain why	
Current escrow payment: \$	New escrow payment: \$
Part 2: Mortgage Payment Adjustment	
2. Will the debtor's principal and interest payment change based variable-rate account?	on an adjustment to the interest rate on the debtor's
☑ No	
Yes. Attach a copy of the rate change notice prepared in a form consiste attached, explain why:	
Current interest rate:%	New interest rate:%
Current principal and interest payment: \$	New principal and interest payment: \$
Part 3: Other Payment Change	
3. Will there be a change in the debtor's mortgage payment for a	reason not listed above?
□ No☑ Yes. Attach a copy of any documents describing the basis for the change	a such as a renayment plan or loan modification agreement
(Court approval may be required before the payment change can to	
Reason for change: Principal Plus Interest	
Current mortgage payment: \$_1183.76	New mortgage payment: \$ 1159.36

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	Last Name			Case	number (if known) 21-10076
gn Here					
	e must sign it. S	ign and pr	int your name	e and y	our title, if any, and state your address and
propriate box.					
he creditor.					
he creditor's authorized	l agent.				
information, and re			provided in t		im is true and correct to the best of my 04/18/2023
Test James				Date	<u> </u>
	<u> </u>	LastName		Title	Bankruptcy Analyst
Truist Bank	wildule Name	Last Name			
Bankruptcy Dept, F	PO Box 85092	2, 306-40-	06-10		
Number Stre	et		-		
Richmond		VA	23286		
City		State	ZIP Code		
(800) 635-3112				Email	DefaultBankruptcyManagement@Truist.com
	gn Here completing this Notice umber. propriate box. he creditor. he creditor's authorized authorized had read to penalty of perjue, information, and read to penalty of penalt	gn Here completing this Notice must sign it. Sumber. propriate box. he creditor. he creditor's authorized agent. nder penalty of perjury that the info, information, and reasonable belief Webb-Bailey Tonya Webb-Bailey First Name Middle Name Truist Bank Bankruptcy Dept, PO Box 85092 Number Street Richmond City	completing this Notice must sign it. Sign and prumber. propriate box. the creditor. the creditor's authorized agent. Inder penalty of perjury that the information propriation, and reasonable belief. Webb-Bailey Tonya Webb-Bailey First Name Middle Name Last Name Truist Bank Bankruptcy Dept, PO Box 85092, 306-40-Number Street Richmond VA City State	gn Here completing this Notice must sign it. Sign and print your name umber. propriate box. the creditor. the creditor's authorized agent. Inder penalty of perjury that the information provided in the information, and reasonable belief. Webb-Bailey Tonya Webb-Bailey First Name Middle Name Last Name Truist Bank Bankruptcy Dept, PO Box 85092, 306-40-06-10 Number Street Richmond VA 23286 City State ZIP Code	gn Here completing this Notice must sign it. Sign and print your name and y umber. propriate box. the creditor. the creditor's authorized agent. Inder penalty of perjury that the information provided in this class information, and reasonable belief. Mebb-Bailey Tonya Webb-Bailey Tonya Webb-Bailey First Name Middle Name Last Name Truist Bank Bankruptcy Dept, PO Box 85092, 306-40-06-10 Number Street Richmond VA 23286 City State ZIP Code

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CERTIFICATE OF SERVICE

I, Tonya Webb-Bailey	, do hereby certify that a true and a exact copy of the			
foregoing Notice of Mortgage Payr	was served by United States			
mail and/or electronic filing, on ()4/18/2023 , addressed as	follows:		
Debtor: DANIEL G. THOMFORDE 238 CLONMELL UPLAND RD WEST GROVE, PA 19390-9016		Debtor's Atty: GARY E THOMPSON 150 E SWEDESFORD ROAD 1ST FLOOR WAYNE, PA 19087		

Trustee:

KENNETH E WEST 1234 MARKET STREET SUITE 1813 PHILADELPHIA, PA 19107

Tonya Webb-Bailey Bankruptcy Analyst for Truist Bank DANIEL G THOMFORDE

Loan Questions? Call 1-844-487-8478

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\$101,176.04

Account Status		Revolving	<i>Option</i>	Total Outstanding Amount				
Statement Date			04/12/23	New Balance	nce \$108,			
Line Account Number				Minimum Payme	num Payment Due \$15,			
Due Date			05/07/23 Payment Due Date				05/07/23	
Current Amount Due			\$1,159.36					
Past Due Date			09/07/22					
Past Due Amount			\$8,143.66	Need help managing your payments?			nts?	
Fees/Charges			\$6,279.00			,,		
Minimum Amount Due			\$15,582.02	We may have some options to assist you. Please call us today at				
Account Summary	,			1	3 to discuss the possibilit		,	
Credit Limit		9	\$150,000.00		•			
Credit Available			\$0.00					
Previous Account Balan	ce	9	108,082.34					
Total Payments	()		\$469.09					
Total Advances	(+)		\$0.00					
Total Finance Charges	(+)		\$602.90					
Total Adjustments	(+)		\$0.00					
New Account Balance	(=)	9	108,216.15	Loans are subject	to credit approval. Equal Housing	Lender. 館 M	Member FDIC	
Annual Percentage Rate		Daily Periodic Rate	Avera	ge Daily Balance	Billing Cycle Days	Finan	ce Charge	
7.25%		0 019863%	\$101,176.04		30	\$602.90		
Transaction History	ry							
Date Des	cription	1			Ar	nount	Balance	
	BEGINNING PRINCIPAL BALANCE					\$0.00	\$101,176.04	
)2/23/23 INTEF	REST PA	YMENT			\$	3469.09	\$101,176.04	

Detach here and mail with your payment in the enclosed envelope. Make check payable to Truist. Be sure to include your loan account number on the check. Allow 7 days for postal delivery.

*Check here if you prefer to have your payment drafted.

TIER 1 CURRENT PER RATE .019863% CORR APR 07.25%

*Please provide details on back.

TRUSTEE PAYMENTS

ENDING PRINCIPAL BALANCE

04/12/23 04/12/23

Payment Form

TRUIST ITEM PROCESSING CENTER PO BOX 580048

CHARLOTTE NC 28258-0048

DANIEL G THOMFORDE

Account Number:

Payment Due Date: 05/07/23 Amount Due: \$15,582.02 Amount Enclosed \$

\$0.00

Helpful Infasen214:100076-amc Doc Filed 04/18/23 Entered 04/18/23 14:40:42 Desc Main

Your ANNUAL PERCENTAGE RATE on page one is based on the AGELLAGE the margages of the pour loan documents. The rate will be effective when the new statement cycle begins that month. The daily periodic rate disclosed on page one may vary from statement to statement due to changes in your annual percentage rate.

The TOTAL FINANCE CHARGE on page one is computed by multiplying the "average daily balance" by the daily periodic rate. Multiply this figure by the number of days in the billing cycle to calculate the finance charge for the billing cycle. To determine the "average daily balance" for your account, we take the beginning balance of your account each day and add any new advances and subtract any payments or credits. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance".

Your NEW ACCOUNT BALANCE on page one does not include the repayment of closing costs paid on your behalf, if applicable, nor any other fees that may result upon closing this account.

Payments made in the branch or mailed to the address on this statement will be credited to your account on the date of receipt. Only checks or money orders should be sent by mail and accompanied by the account number or payment coupon. If the payment is \$5,000 or greater the availability of funds on the line of credit will not be made available until three business days from the receipt of payment.

When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account. In certain circumstances, such as for technical or processing reasons, we may process your payment as a check transaction and funds may be processed from your account the same day.

Under the Fair and Accurate Credit Transactions Act, you are eligible for a free copy of your credit report each year. Contact:

Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281 www.annualcreditreport.com 1-877-322-8228 If you notice inaccuracies on your credit report, please write to us at Truist Loan Services, Credit Bureau Disputes, PO Box 849, Wilson, NC 27894.

Convenient Ways To Reach Us

- Visit us online at Truist.com.
- Stop by your local Truist branch.
- If you have questions about your loan statement, write to us at:

Truist Loan Services P.O. Box 2306 Wilson, NC 27894-2306 For information about your line 24 hours a day, call 844-4TRUIST (844-487-8478). Simply follow the prompts and utilize the automated system to access your account, make a payment, or take an advance.

- · Enter your Social Security number or Taxpayer Identification number.
- · Enter your 14-digit Truist Line Account Number, followed by the pound (#) key.

Billing Rights Summary In case of Errors, Inquiries, or Disputed Items Related to Your Account Statement.

If you think your line of credit statement is wrong, or if you need more information concerning a transaction or if you dispute an amount owed on your statement, please write us on a separate sheet at the following address: Truist Loan Services, P.O. Box 2306, Wilson, NC 27894. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In the letter, give us the following information:

- Name and Account Number
- The dollar amount of the suspected error
- · A description of the error and why you believe there is an error. If you need more information, please describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we inves igate your question, we cannot report you as delinquent or take any action to collect the amount you question.

The bank will not accept any payment marked "Payment in Full" as to a disputed account and reserves the right to reject all such payments. The envelope and any enclosed documents related to a disputed account are to be marked "Attention Disputed Payoff."

Automatic Payment Authorization Your signature authorizes Truist Bank to automatically debit the checking or savings account listed below for the amount of your loan payment each month. You will be notified by mail

when your authorization has been received. Until that time, you are responsible for continuing to make your regular payments. Your authorization will remain in place until a written notice is received from you to cancel automatic payments.

Checking or Savings Account Number to Draft ______ Check One: o Checking o Savings

Financial Institution to Draft ______ Financial Institution's Transit Routing Number ______

Include a blank voided check (for checking accounts) or a voided deposit slip (for savings accounts).

Change of address

If you need to change your address, please visit your local Truist branch or call Truist Client Care at 844-4TRUIST (844-487-8478).

Signature of Account Holder